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ABSTRACT

This study hypothesized that male counselors whose sexual orientation and physical characteristics do not conform to conventional notions of masculinity (those who have had homosexual experiences and who do not fit the mesomorphic ideal) will be less traditional in their gender role attitudes, behaviors, and beliefs than those who adhere to more traditional standards of masculinity. The Male Counselor Development Questionnaire (MCDQ) was developed to measure the attitudes, behaviors, and beliefs of male counselors. Six of the eight sections of the MCDQ were used in this study: a Masculinity Profile, the Male Sex Role Inventory, the Male Role Inventory, a Needs Assessment, and demographic and employment information. Data from 366 male members of a professional counseling association were analyzed. Sexual orientation, weight, and a mesomorphic self-description (describing oneself as muscular, hard, or strong) were found to be significantly related to male gender role attitudes. Both heterosexual counselors with homosexual experiences and bisexual to exclusively homosexual counselors were less traditional in their physical characteristics and gender role attitudes, behaviors, and beliefs than were exclusively heterosexual counselors. Heterosexual counselors with homosexual experiences were, however, found to be the least traditional of the three groups along several dimensions. (Author/NB)

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Male Counselor Gender Role Identity: Sexual Orientation and Physical Characteristics

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Running Head: THE MALE COUNSELOR

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Abstract

Analyzed data from a sample of 366 male members of a professional counseling association. It was hypothesized that male counselors who fail to conform to conventional standards of masculinity in relation to their sexual orientation and physical characteristics would be less traditional in their gender role attitudes, behaviors, and beliefs than those who do adhere to these standards. Sexual orientation, weight, and a mesomorphic self-description (e.g., describing oneself as "muscular," "hard," or "strong") were found to be significantly related to male gender role attitudes. Both heterosexual counselors with homosexual experiences and bisexual to exclusively homosexual counselors were less traditional in their physical characteristics and gender role attitudes, behaviors, and beliefs than exclusively heterosexual counselors. Heterosexual counselors with homosexual experiences were, however, found to be the least traditional of the three groups along several dimensions.

Male Counselor Gender Role Identity: Sexual Orientation and Physical Characteristics

Counseling is reflective of the social context in which it is embedded and counselors are influenced by internalized societal gender role stereotypes as are their clients (Mintz & O'Neil, 1990). According to Heppner and Gonzales (1987), with male counselor/male client dyads, "how both the counselor and client view themselves as men in our culture will affect how both people interact and process information in the therapy experience" (p. 37). The male counselor, therefore, is immersed in and, yet, must transcend the male role in his work with clients.

While theoretical writing exists concerning the impact of male counselors' gender roles on counseling (see Heppner & Gonzales, 1987; Ipsaro, 1986), there has been a dearth of empirical research (Mintz & O'Neil, 1990). In fact, to date, there has been only one study that has examined the behavioral and attitudinal correlates of masculinity in the male counselor (Thoreson, Shaughnessy, & Cook, 1989). In this study significant differences were found between male counselors classified as having a traditional male gender role orientation as compared to those having a nontraditional gender role orientation on a number of

variables.

Two variables thought to be associated with male gender role socialization are sexual orientation and physical characteristics. From roughly one-fifth (Fay, Turner, Klassen, & Gagnon, 1989) to 37 percent (Kinsey, Pomeroy & Martin, 1948) of the male population has had at least one homosexual experience (i.e. where one partner reached orgasm). Being a man in our culture, however, means not being effeminate in physical appearance and not having sexual or overly intimate relationships with other men (Herek, 1986; 1987). Heterosexual masculinity is traditionally associated with such personal characteristics as: (a) restrictive emotionality, (b) socialized control, power, and competition issues, (c) homophobia, (d) restrictive sexual and affectionate behavior, (e) obsession with achievement and success, and (f) health care problems (O'Neil 1981a, 1981b, 1990). In comparison to heterosexual men, however, homosexual men have been found to be more androgynous (i.e., less traditional) in their gender role attitudes (Carlson & Baxter, 1984; Carlson & Steuer, 1985).

In addition to sexual orientation, there is a relationship between body image and masculinity. Recently, McCaulay, Mintz, & Glenn (1988) found that men expressed greater body dissatisfaction with being

underweight, tended to perceive themselves as smaller than their actual size, wanted to weigh 3 lbs. more, and that body satisfaction was related to self-esteem and depression. Similarly Mintz & Betz (1986) found that underweight men tended to be dissatisfied with their bodies and wanted to gain weight and that depression proneness was related to negative attitudes towards one's body. Overall, men tend to exhibit no less body dissatisfaction than women, but men are just as likely to want to be heavier than thinner (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). In contrast, gay men desire to be thinner and are at heightened risk for body dissatisfaction and eating disorders (Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986; 1987).

Concern about masculinity in our society is embodied in deeply entrenched cultural preferences toward muscular, well proportioned males and aversions to persons who do not fit this mesomorphic ideal (Mishkind et al., 1986; 1987). The traditional mesomorphic, "tapering V" physique viewed as most favorable in our culture (Tucker, 1983) has, however, been found to be associated with negative attitudes towards women and a rigid personality structure (Maier & Lavrakas, 1984).

Although it has been suggested that there is a relationship between sexual orientation, physical characteristics, and gender socialization, this

relationship has not been empirically investigated among male counselors. In the present study it was hypothesized that male counselors whose sexual orientation and physical characteristics do not conform to conventional notions of masculinity (i.e. those who have had homosexual experiences and do not fit the aforementioned mesomorphic ideal) will be less traditional in their gender role attitudes, behaviors, and beliefs than those who adhere to more traditional standards of masculinity.

Method

Participants

A random sample of 1,000 male members of a professional counseling association were surveyed (Thoreson et al., 1989). Three hundred and sixty-six surveys (36.6%) were returned. Average age of respondents was 44.4 (*SD* = 10.2) and the range was from 23 to 73 years of age. In terms of marital status, 75% reported being married, 16% were single, 8% divorced, and 1% widowed.

The sample identified themselves as being from the following ethnic backgrounds: "White", 95%; "Black", 3%; "Hispanic", 1%; "Asian", 0.6%; "American Indian", 0.3%; and "Other", 0.3%. Twenty five percent of the

respondents had obtained a Ph.D. degree, 23% MA, 15% MS, 14% MEd, 10% EdD, 2% Bachelors, and 1% PsyD. In terms of specialty areas, 58% of the sample specialized in counseling psychology. School comprised 9%, clinical specialization 8%, and college, education, rehabilitation, and industrial/organizational personnel each made up 4% or less of the sample.

Most of the men in the sample reported that they were employed either in a educational setting (4-year college/university, 27%; Other, 31%) or in private practice (23%), while community mental health centers and work in hospitals comprised 5% and 3% respectively. Fifty-two percent (n=190) of the sample indicated that their work performance was under systematic review. Private practitioners (53%), however, tended to work by themselves. The average salary for the sample was approximately $38,600.

Given the relatively low return rate (36.6%), demographic data were requested from the association for purposes of comparison (W. M. Hamilton, personal communication, March 1, 1989). The sample was found to be similar to the total membership of the association in terms of demographic characteristics. For example, 34% of the current membership of the association was reported to be 39-48 years of age, 90% is White, 19.3% had received a doctoral degree, 24.2% were employed at a

4 year college/university, and 24.5% in private practice.

Instruments

A questionaire titled the Male Counselor Development Questionaire (MCDQ; Thoreson et al., 1989) was developed to measure the attitudes, behaviors, and beliefs of male counselors. The MCDQ consists of eight sections, six of which were used for the purposes of this study: A Masculinity Profile (based on Tavris & Pope, 1976); the Male Sex Role Inventory (MSRI; Thompson & Pleck, 1987); the Male Role Inventory (MRI; Thoreson, in preparation); a Needs Assessment (own professional development and male client concerns); and demographic and employment information.

The Masculinity Profile items taken from Tavris and Pope (1976) addresses the following areas: self-rating of masculinity (e.g., "Compared to others of your sex, how masculine would you say you are?), self-rating of femininity (e.g. "Compared to others of your sex, how feminine would you say you are?"), interpersonal relationships (e.g., "How many close friends of the same sex do you have?"), violence (e.g., "Since adolescence, have you ever struck a person of the opposite sex in anger?"), and behavioral/attitudinal measures of sex roles (e.g., "Who disciplines the children?").

The Male Sex Role Inventory (MSRI; Thompson & Pleck, 1987) was developed to measure society's description of the "ideal" male sex role. The survey was designed to measure how people would define the sex or gender roles of men in general (not how men define themselves) in the present society. The MSRI consists of 26 seven-point Likert items with 1= "strongly agree" and 7= "strongly disagree". Respondents circle the number that best describes their rating of statements about the male sex role. A factor analysis by Thompson and Pleck (1987) resulted in three factors: Status, Toughness, and Anti-femininity. Examples of statements include: (a) "Success in his work has to be man's central goal in his life" (Status), (b) "A good motto for a man would be 'When the going gets tough, the tough get going' " (Toughness), (c) "It bothers me when a man does something that I consider 'feminine' " (anti-femininity).

While the MSRI measures a person's descriptions of the "ideal" sex role behavior, or how a man "should" act, think, or feel, the Male Role Inventory (MRI) was specifically designed for the MCDQ to assess how each male respondent actually characterizes both himself and his father. For the purposes of this study, only the subject's rating of himself was used. The MRI consists

of 61 different, five-point semantic differential items with bipolar adjectives that the subject uses to describe himself. From these 61 items, 7 which reflected stereotypically masculine physical attributes were combined to form a scale which will be referred to as the "Mesomorph scale". The items in the Mesomorph scale included: (a) "Rough" vs. "Tender", (b) "Strong" vs. "Weak", (c) "Hard" vs. "Soft", (d) "Muscular" vs. "Frail", (e) "Tough" vs. "Gentle", (f) "Masculine" vs. "Feminine", (g) "Tough" vs. "Vulnerable". The instructions ask the subjects to, "Please rate yourself on the dimensions listed below. Circle the number which best describes yourself." For the purposes of this study, these items were arranged such that high scores indicate a strongly masculine perception of one's physical attributes. The Cronbach's alpha reliability estimate for the Mesomorph scale was found to be .71. The original form of the MRI was pilot tested with a group of 56 college undergraduate and graduate students describing him/herself, their father, and their mother. Through cluster analysis, a determination was made of the items to be dropped because they did not contribute significantly to the variance. A confirmatory factor analysis of the MRI was performed to assess the presumed factor structure and to select items with alpha levels of 0.20 or above.

The Needs Assessment section was developed to measure the interests and concerns of the respondents. The 37 topics were selected by a committee of the professional association over the course of several meetings in 1986 and 1987. The Need Assessment contained three columns for responses to each of the topics listed. In the first column, the subjects were asked to check those issues "with which you would like assistance." In the second column, respondents were asked to indicate which issues were a concern for or which the respondents would like assistance relative to their male clients. For the third column, the subjects were instructed to, "numerically rank order the top five areas of interest to you as a male service provider, using a 1 to 5 range, with 1 representing the areas [sic] of most importance and 5 representing the areas [sic] of least importance." The last item on this section provided space for the subjects to include any other areas which were of interest or concern to them.

The other two areas of the MCDQ provided information on demographics (including questions on weight and sexual orientation) and employment.

Procedure

Initial copies of the Male Counselor Development

Questionaire (MCDQ) were forwarded to faculty members, members of the association's committee on men, and the president of the association for review and comment. Mailing labels were obtained from the associations' Executive Office of a random sample of 1,000 men. The questionaires were mailed with a cover sheet containing the cover letter and to which the address labels were affixed. The subjects were instructed to remove the cover sheet before mailing the questionaire back. Return, self-addressed, stamped envelopes were provided inside the questionaire for the respondents to return the survey.

A cover letter was included on the questionaire which explained the purpose of the survey and included a reminder about confidentiality. The subjects were assured of the confidentiality of their responses in three ways. They were told that their responses would be completely anonymous and were reminded not to write their names anywhere on the survey. Secondly, professional items (such as specific place of employment) were excluded from the survey so that subjects could not be inadvertently identified. Thirdly, subjects were reminded that their responses to any of the items was entirely voluntary.

Since there was nothing included on a questionaire that would identify the specific respondent, specific

follow-up to those who did not return surveys was not possible. To increase the response rate, a second mailing was made to the entire sample when the return rate of the surveys began to diminish significantly (six weeks later). A notice was also placed in the association newsletter asking those who had received a survey but not returned it, to return it as soon as possible.

Grouping According to Sexual Orientation

According to Kinsey et al. (1948) "Males do not represent two discrete populations, heterosexual and homosexual [rather]....The living world is a continuum in each and every one of its aspects" (p. 639). More recently, however, Kinsey's continuum notion has been challenged by others who claim that heterosexuality and homosexuality can be reduced to polar extremes (VanWyk & Geist, 1984) or have conceptualized sexual orientation as a multi-variable dynamic process (Klein, Sepekoff, & Wolf, 1985). Despite criticism, however, studies continue to suggest that there are advantages to measuring sexual orientation as a continuous variable (Ellis, Burke, & Ames, 1987; McConaghy, 1987).

For the purposes of this study, sexual orientation was measured on a continuous scale from 1-5 with 1=Exclusively Heterosexual (n=292, 80%), 2=Heterosexual

with Homosexual experiences (n=39, 11%), 3=Bisexual (n=5, 1%), 4=Homosexual with Heterosexual Experiences (n=14, 4%), and 5=Exclusively Homosexual (n=11, 3%). The sample was found to be similar to the general population in terms of sexual orientation.

As mentioned previously, a conservative estimate is that one-fifth of the male population has had at least one homosexual experience (Fay et al., 1989). Fay et al. (1989) found that 12.8 percent of the (1970) population reported having had a homosexual experience "rarely," "occasionally," or "fairly often" and 3.3 % of adult males reported having had homosexual experiences "occasionally" or "fairly often". More recently, following the outbreak of AIDS, Michael, Laumann, Gagnon, and Smith (1988) reported a rate of 3.2 percent for homosexual contact during the past twelve months among men. Earlier, in their classic study, Kinsey et al. (1948) had reported that approximately 10-18% of males are bisexual to exclusively homosexual and 4% of white males are exclusively homosexual.

Given the relatively small number of respondents found in groups 3 to 5, these three were combined to form a category of respondents who identified themselves as being either "Bisexual", "Homosexual with Heterosexual Experiences", or "Exclusively Homosexual"

(n=30, 8%). Initial comparisons between groups 3 through 5 had found few differences between them, so the decision to combine them to form a single group was made on a rational basis (i.e., a lack of significant differences between the groups). Correlations were computed across groups and the results of the study were subjected to an analysis of variance program to determine between group differences.

Results

Physical Characteristics

In terms of physical characteristics, some of the more statistically significant correlations were associated with male counselors' weight. For example, sexual orientation was found to be negatively correlated with ideal weight ($r = -.24$, $p < .001$). Male counselors, therefore, who fell more on the homosexual end of the continuum reported desiring a lower ideal weight. In contrast, respondents that used more traditional "mesomorphic" self-descriptors desired a greater ideal weight ($r = .18$, $p < .01$) and reported engaging in more physical exercise ($r = .19$, $p < .001$).

Insert Table 1 about here

Overall, counselors with a greater actual weight

were more concerned with status (r = .19, p < .001) in relation to their gender role attitudes. Similarly, mesomorphic counselors rated higher on the Thompson and Pleck (1987) variables of: (a) status (r = .26, p < .001), (b) antifemininity (r = .32, p < .001), and, most notably, (c) toughness (r = .40, p < .001). In addition, these same (mesomorphic) counselors were less likely to report psychological or professional distress (e.g. depression and stagnation at work) (r = -.22, p < .001) and were more likely, since adolescence, to have struck a person of the same sex in anger (r = .21, p < .001).

Higher ratings on the abovementioned status, antifemininity, and toughness variables were negatively correlated (r = -.20, p < .001, r = -.29, p < .001, and r = -.19, p < .001 respectively) with intimacy in relationships (as measured by how many friends of the opposite or same sex the counselor reports having and how often in the past year the counselor has hugged a close friend of the same sex). In contrast, the same variables were positively correlated (r = .21, p < .001, r = .21, p < .001, and r = .26, p < .001 respectively) with age. Older counselors, therefore, were found to be more traditional in their sex-role attitudes and, in addition, as with more mesomorphic counselors, were less likely to report professional distress (r = -.20, p <

.001). Male counselors who rated themselves higher on the toughness variable were: (a) more likely to have been violent (i.e. to have hit a person of the opposite sex and to have forced someone into unwanted sexual activity) (r = .24, p < .001) and (b) since adolescence, to have struck a person of the same sex in anger (r = .19, p < .001).

Other findings that approached statistical significance at the .001 level include: (a) similar to the abovementioned findings, counselors who are dissatisfied with their weight (i.e. typically those that weigh more) are more concerned with status (r = .17, p < .01), (b) more intimacy in relationships was negatively correlated with violence (r = -.17, p < .01), and (c) older counselors are more likely to report having engaged in violence (r= .16, p < .01).

Sexual Orientation -- Between Group Differences

Consistent with hypothesized predictions, exclusively heterosexual counselors (1), in comparison to both heterosexual counselors with homosexual experience (2) and bisexual to exclusively homosexual counselors (3), (a) desired a greater ideal weight F (2,312) = 8.25, p < .001 and described themselves as more (b) mesomorphic F (2,354) = 9.47, p < .001, and

(c) masculine F (2, 358) = 12.90, $p < .0001$. Post hoc analysis (Tukey-B) on these variables yielded significant mean differences (at the .05 level) between group 1 and groups 2 and 3.

Insert table 2 about here

In addition to describing themselves as less mesomorphic and masculine than other respondents, counselors who identified themselves as heterosexual with homosexual experiences tended to describe themselves as less: (a) tough F (2, 351) = 7.08, $p < .01$ and (b) antifeminine F (2, 355) = 5.63, $p < .01$. These same counselors also described themselves as: (a) more feminine F (2,346) = 3.81, $p < .05$ (M_1 = 3.04, M_2 = 2.62, M_3 = 2.77)*[1], (b) likely to cry under more circumstances F (2, 359) = 5.46, $p < .01$ (M_1 = 3.89, M_2 = 4.67, M_3 = 4.55), and (c) as preferring less "macho" male heroes F (2, 359) = 4.61, $p < .05$ (M_1 = .62, M_2 = 1.05, M_3 = .58). Post hoc analysis yielded significant differences (.05 level) between groups 1 and 2 on the aforementioned variables.

Both the heterosexual counselors with homosexual experiences and the bisexual to exclusively homosexual counselors were considerably more likely to have been:

* indicates scoring in the opposite direction, so that lower scores are actually higher

(a) ridiculed for being a "sissy" F (2, 357) = 24.60, p < .0001 (M_1 = 3.30, M_2 = 2.51, M_3 = 2.32)*, (b) ridiculed by being called homosexual F (2, 359) = 118.53, p < .0001 (M_1 = 3.90, M_2 = 3.40, M_3 = 2.52)*, and (c) to have been forced into unwanted sexual activity F (2, 354) = 16.70, p < .0001 (M_1 = .15, M_2 = .79, M_3 = .52).

The bisexual to exclusively homosexual group were significantly different from the other groups on several variables. This group reported: (a) doing more of the housecleaning F (2, 357) = 8.92, p < .001 (M_1 = 2.93, M_2 = 2.77, M_3 = 1.81)*, (b) disciplining the children more F (2,352) = 18.50, p < .0001 (M_1 = 1.93, M_2 = 1.54, M_3 = .24)*, and (c) being more responsible for routine childcare F (2, 353) = 14.07, p < .0001 (M_1 = 2.19, M_2 = 1.82, M_3 = .40)*.

On the needs assessment checklist where counselors were instructed to "check those issues with which you would like assistance relative to you and/or the male clients whom you serve," the exclusively heterosexual group in comparison to the bisexual to exclusively homosexual group identified fewer needs that are a concern for themselves F (2, 353) = 4.10, p < .05 (M_1 = 9.12, M_2 = 9.11, M_3 = 12.97) and the male clients that they serve F (2, 349) = 4.20, p < .05 (M_1 = 13.24, M_2 = 13.68, M_3 = 17.73). Bisexual to exclusively homosexual

counselors were also more concerned about their own needs in relation to: (a) the changing roles of men F (2, 352) = 6.63, $p < .01$ ($M_1 = 1.69$, $M_2 = 1.71$, $M_3 = 3.0$), (b) physical health F (2, 352) = 4.0, $p < .05$ ($M_1 = 1.94$, $M_2 = 1.89$, $M_3 = 2.80$), and (c) relationships F (2, 352) = 3.18, $p < .05$ ($M_1 = 2.87$, $M_2 = 2.92$, $M_3 = 4.10$). In addition, these same counselors were concerned about similar needs in relation to their male clients: (a) the changing roles of men F (2, 348) = 5.59, $p < .01$ ($M_1 = 2.69$, $M_2 = 3.50$, $M_3 = 4.0$) and (b) physical health F (2, 348) = 4.47, $p < .05$ ($M_1 = 3.01$, $M_2 = 3.16$, $M_3 = 4.2$)

Conclusions

The hypotheses of the study were supported. Counselors who reported having homosexual experiences desired a lower ideal weight. In contrast, more "mesomorphic," traditionally masculine, heterosexual counselors desired a greater ideal weight. Mesomorphy and a greater actual weight were found to be significantly correlated with adherence to traditional male gender role attitudes, behaviors, and beliefs. In addition, mesomorphic counselors were less likely to report psychological or professional distress and more likely, since adolescence, to have struck someone of the

same sex in anger. Higher status, antifemininity, and toughness ratings were negatively correlated with intimacy in relationships and positively correlated with male counselor age and violence towards others.

In contrast to exclusively heterosexual counselors, heterosexual counselors with homosexual experiences and bisexual to exclusively homosexual counselors desired a lower ideal weight and were less mesomorphic in their physical self-description. In addition, these same counselors were less masculine, tough, and antifeminine in their gender role attitudes. Finally, a somewhat surprising finding was that heterosexual counselors with homosexual experiences were less traditional in their self-ratings of mesomorphy, masculinity, femininity, toughness, and antifemininity. In addition, they preferred less "macho" male heroes and were likely to cry under more circumstances than both exclusively heterosexual and bisexual to exclusively homosexual counselors. Heterosexual counselors with homosexual experiences and bisexual to exclusively homosexual counselors were more likely to have experienced harassment and to have been forced into sexual activities. The bisexual and exclusively homosexual group were significantly more likely to have engaged in nontraditional activities such as: housecleaning, disciplining the children, and being responsible for

routine childcare. This same group was also more sensitive to issues or needs relative to both themselves and the male clients whom they serve.

Because they are being called upon to assist clients in adapting to changing conceptions of gender (Scher & Good, 1990) it is increasingly important that counselors practice "gender aware therapy" (Good, Gilbert, & Scher, 1990). The results of this study suggest that male counselors who do not conform to the traditional male role in terms of their sexual orientation and physical characteristics are less traditional in their gender role attitudes, behaviors, and beliefs. Further research needs to address whether counselors who adhere to less conventional standards of masculinity are more capable of transcending the male role and, therefore, of working more effectively with their clients.

Table 1

Pearson Correlation Coefficients for Physical Characteristics and Gender Role Related Variables

Variable	1	2	3	4	5	6	7
1. Actual Weight	_	.48***	.12*	-.10*	.19***	.09*	.11*
2. Ideal Weight	-	-	.18**	-.24***	.09	.03	.06
3. Mesomorphic	-	-	-	-.11*	.26***	.32***	.40***
4. Sexual Orientation	-	-	-	-	.03	-.10*	-.06
5. Status	-	-	-	-	-	.53***	.60***
6. Antifemininity	-	-	-	-	-	-	.56***
7. Toughness	-	-	-	-	-	-	-

Note. "Mesomorphic" counselors describe themselves as more "muscular," "hard," and "strong." Sexual Orientation is scaled on a continuum with 1=Exclusively Heterosexual to 5=Exclusively Homosexual.

*p < .05. **p < .01. ***p < .001.

Table 2

Means, Standard Deviations, and F Values for Physical Characteristics and Gender Role Related Variables Based on Male Counselor Sexual Orientation

	Group						
	Exclusively Heterosexual (n=292)		Heterosexual w/ Homosexual Exper. (n=39)		Bisexual to Exclus. Homosexual (n=30)		
Variable	M	SD	M	SD	M	SD	F
Physical Characteristics							
Ideal Weight	173.17_a	19.10	164.40_b	18.06	160.00_b	17.32	8.25***
Mesomorphic[a]	20.94_a	3.09	18.77_b	3.38	19.57_b	4.15	9.47***
Gender Related Variables							
Masculinity[b]	2.81_a	.63	3.33_b	.70	3.10_b	.75	12.90****
Toughness	27.26_a	7.50	22.54_b	6.41	25.87	7.97	7.08**
Antifemininity	19.41_a	7.37	15.47_b	5.92	17.48	6.79	5.63**

Note. Means with different subscripts differ significantly at $p < .05$.

[a]"Mesomorphic" counselors describe themselves as more "muscular," "hard," and "strong."

[b]scoring reversed, counselors with lower scores describe themselves as more masculine.

**$p < .01$. ***$p < .001$. ****$p < .0001$.

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